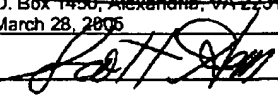
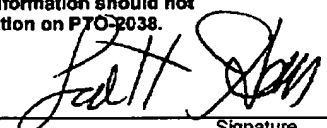


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<b>REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  SCH/Travel	
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Signature <u></u> Typed or printed name <u>Scott C. Harris</u>		Application Number <u>09/514,053</u>	Filed <u>2/25/2000</u>
		For Graphical travel system for the internet	
		Art Unit <u>3626</u>	Examiner <u>Robert W. Morgan</u>
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.			
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>145.00</u>	
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I am the		 Signature	
<input checked="" type="checkbox"/> applicant/inventor.		<u>Scott C. Harris</u> Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>3/28/05</u> Date	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>32,030</u>		<u>619-823-7778</u> Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.			

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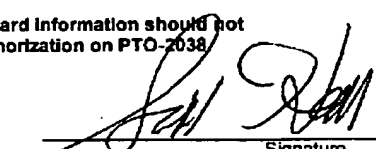
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Signature _____		Application Number 09/514,053	Filed 2/25/2000
Typed or printed name <u>Scott C. Harris</u>		For Graphical travel system for the internet	
		Art Unit 3628	Examiner Robert W. Morgan
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<input checked="" type="checkbox"/> applicant/inventor.		Signature	
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		Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>32,030</u>		3/28/05	
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<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		619-823-7778	
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